

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTQ 875)

SERIAL NO.

1015

003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10		3		3		
11	1		1			
12						
13						
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16						
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19						
20						
21	1		1			
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27	1		1			
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41	1		1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			70			
TOTAL CLAIMS			77			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
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97						
98						
99						
100						
TOTAL IND.	7					
TOTAL DEP.	70					
TOTAL CLAIMS	77					